

to the cause of worker's justice. John D. Baker has served on many councils and committees, covering a wide-range of issues. From labor disputes to historical preservation, John D. Baker has played an important role in the development of the Cleveland area.

John D. Baker is a deserving recipient of the Irish Good Fellowship Club's Good Fellowship Award. Throughout his life, he has worked to help other people; both in their personal lives as well as in their workplaces. John D. Baker has been a great force of fellowship for many people, always offering caring words of encouragement and his friendship. A fellowship award is truly justified by Mr. Baker's daily life.

Throughout his life, Mr. John D. Baker has proven to be a leader by bringing people together and working for a more just society. His hard work and dedication have inspired many people to strive with him when he stands up for workers everywhere. My fellow colleagues, please stand with me in honoring Mr. John D. Baker.

**MACHINIST BATTLED BIG LABOR FOR FOUR DECADES; RIGHT TO WORK ADVOCATES MOURN JOHN WALDUM, THEIR "HAPPY WARRIOR"**

**HON. TOM DELAY**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 27, 2001*

Mr. DELAY. Mr. Speaker, throughout its 45-year history, the National Right to Work Committee has been blessed with many loyal friends who selflessly offered their support in one legislative battle after another.

But even in the pantheon of Right to Work champions, there is no one else like John Waldum Jr., a retired machinist and former union member and a Committee board member since 1967.

Mr. Waldum, who served as the Committee's chairman from 1998 until last spring, passed away November 28 in Lake Worth, Fla.

"John had a slogan. 'You only keep what you are willing to defend.' And John took that slogan seriously. He spent his life fighting against the odds, but with an indomitable spirit that was, and will continue to be, an inspiration to us all."

Mr. Waldum first recognized the injustice and inherent dangers of compulsory unionism as a young man working in Missouri, which had (and has) no Right to Work law.

Kansas City union bosses wielded their monopoly power over his job to intimidate him into joining a strike—even though he believed it unjust and contrary to his long-term best interest.

Mr. Waldum quickly became a convinced Right to Work supporter, even as he continued to try to improve the system from within, both as a member of the Machinists union and as a shop steward for the United Auto Workers union.

As a result of his outspoken support for Right to Work, he endured years of harassment from power-hungry union officials.

Finally, in the early 1960s, Mr. Waldum and his family moved to Florida, a Right to Work state.

He later became a research and development machinist for the Pratt-Whitney Engine Corporation. All the while, he kept on fighting for the Right to Work cause.

When President Lyndon Johnson and the union hierarchy moved in 1965 to reimpose forced union membership and "fees" in Florida and other Right to Work states by abolishing Section 14(b) of the Taft-Hartley Act, Mr. Waldum enlisted in efforts to stop them.

The pointed testimony that Mr. Waldum and other freedom-loving workers gave to the U.S. House Labor Committee helped slow 14(b) repeal down and ultimately paved the way for its defeat by a Right to Work filibuster in the U.S. Senate.

During the 1970s Mr. Waldum participated in a successful campaign to tighten enforcement of Florida's Right to Work law and stiffen penalties for violators.

After he retired and moved with his wife Dorothy to Sebring, FL, Mr. Waldum relished the opportunity to expand his lobbying activities on behalf of the Right to Work cause.

During the 1990s he visited Washington, D.C., a number of times, and accepted invitations to testify before the National Labor Relations Board and congressional committees.

In 1993, he undoubtedly dumbfounded NLRB officials when he called the federal laws empowering union bosses to force workers to pay union dues as a job condition "a travesty of justice" that has transformed Organized Labor into "nothing more than a union press gang."

His testimony and his many letters to the editor often brimmed with moral indignation about how federal law and Big Labor-influenced bureaucrats trample the freedom of the individual worker.

But the ever-present twinkle in his eye made it clear that Mr. Waldum was not angry—only determined to make the world a better place.

John Waldum was a true gentleman and an outstanding spokesman for the Right to Work cause and he will be deeply missed.

Mr. Waldum is survived by his wife and their son and daughter, and four grandchildren and two great-grandchildren.

**THE INTRODUCTION OF THE FAIRNESS FOR CIVIL SERVANT RESERVISTS AND GUARDSMEN ACT OF 2001**

**HON. GERALD D. KLECZKA**

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 27, 2001*

Mr. KLECZKA. Mr. Speaker, I rise to introduce legislation today that will ensure the fair treatment of all civil servant reservists and guardsmen who are called up for active duty service. The Fairness for Civil Servant Reservists and Guardsmen Act of 2001 will mandate that all federal agencies pay the employee share of Federal Employee Health Benefits Program (FEHBP) premiums if they are on active duty for more than 30 days.

Currently, the federal government pays only the government portion of the health premium when a reservist is called to active duty. Because these men and women take leave without pay from their federal jobs, they often find themselves having to pay their portion of the

premium from a much smaller salary, which can be a serious strain on their family finances. While reservists and their families are also eligible for military health care during this period, this alternative often constitutes a burden on the families, who may have to travel great distances to get to military health facilities and are forced to develop a new relationship with a different doctor.

The men and women of our National Guard and Reserve units perform absolutely essential functions in times of conflict. The soldiers of Milwaukee's 128th Air Refueling Wing and 440th Airlift Wing have answered the call time and time again. Those who also happen to be federal employees should not, on top of everything else, have to worry about how their families will get health care while they're off serving our country.

During the Gulf War, the Office of Personnel Management (OPM) asked federal agencies to cover both employee and employer costs of FEHBP premiums for those reservists and guardsmen who were on active duty and on leave without pay status. Last year, one of my constituents contacted me asking why this policy had not been extended to all civil service employees on active duty since the war. I then began contacting OPM and the Department of Defense (DoD) requesting that the policy be made permanent.

In June 2000 the OPM circulated a memo to agency heads encouraging them to make the policy a formal one. Earlier this month, DoD announced that it will begin covering health care premiums for all of its civil servant reservists or guardsmen who are called to active duty.

This bill would require that all federal agencies pay the FEHBP premiums of all their employees who are reservists or guardsmen that are called up for active duty in the future. It would also require federal agencies to reimburse the premiums paid by employees who served on active duty during Kosovo, Bosnia, and the 1998 Iraq operations.

Regarding the cost of this legislation, it is a very small price to pay for fairness. For example, the Pentagon estimates that it will only cost \$2.3 million to reimburse the 1600 DoD employees who have served in the Balkans and Iraq over the past 10 years. Since the DoD is the largest employer of reservists and Guardsmen, that will be the highest amount any agency has to pay. More importantly, the Pentagon has even said they don't need supplemental appropriations to make the retroactive payments. Future costs will vary depending on the individual contingency operation.

I urge all of my colleagues to support this fair and important legislation.

**IN HONOR OF MARJORIE PHILONA CONDON**

**HON. DENNIS J. KUCINICH**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 27, 2001*

Mr. KUCINICH. Mr. Speaker, I rise today to honor the memory of Marjorie Condon, a lifelong resident of Ohio, who dedicated her life to the teaching profession. She will be missed, not only by her beloved family, but also by hundreds of former students.

Mrs. Condon taught fourth grade in Cleveland for over 15 years, first at Tom L. Johnson Elementary and then at Charles Lake Elementary, taking time off to raise six children. Holding bachelors degrees in both journalism and education, she shared a love of learning and literature with her husband, former newspaper columnist, George E. Condon. George and Marjorie met at Ohio State University and were married for 58 years.

She raised a family and loved crocheting, sewing, and playing piano. She also enjoyed fashioning stained glass, making candles, and cooking Chinese food. While in her mid-50s, Marjorie even taught herself how to snow ski.

My fellow colleagues, please join me today in celebrating the life of this remarkable woman. She was a woman of great knowledge and learning, who dedicated her life to her family and students.

# INTRODUCTION OF THE MEDICARE EARLY ACCESS AND TAX CREDIT ACT

## HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 27, 2001

Mr. STARK. Mr. Speaker, I am pleased to join with Rep. SHERROD BROWN and a number of additional colleagues to introduce the "Medicare Early Access and Tax Credit Act." Companion legislation is being introduced by Sen. ROCKEFELLER in the Senate as well.

More than 43 million Americans have no health insurance today. There are many approaches to solutions for decreasing the number of uninsured. As most of my colleagues are aware, I support the creation of a universal health care system in which each and every American would have health insurance coverage. That is the most fair, affordable, and sustainable solution to our national health care needs.

However, that won't be accomplished overnight. In the meantime, there are steps that Congress can and should be taking to develop immediate, if smaller, solutions to providing people affordable health insurance coverage options. One such step is to pass legislation that would provide certain groups of individuals the option of buying into Medicare.

A recent Kaiser Family Foundation survey found that a majority of voters believe that the next population of the uninsured who should be helped is those aged 55–64. I agree.

A Commonwealth Fund study from July 2000 found that more than half of uninsured adults in the 50–64 age range trusted Medicare the most as a source of health insurance and nearly two-thirds of them would be interested in enrolling in Medicare early if that option were available. So, expanding Medicare would likely be a very attractive option to people of this age.

While the 55–64 segment of our population has a lower overall percentage of uninsured than other age segments, once these people lose insurance it is often difficult or impossible for them to obtain affordable coverage in the private insurance marketplace. And, with the aging of the baby boom generation, this is a quickly growing segment of our population. In 1999, there were 23.1 million Americans in this age group. This number is expected to

grow to 35 million by 2010 and to 42.5 million by 2020.

Given all of these facts, I have joined with many colleagues to introduce the Medicare Early Access and Tax Credit Act of 2001, a bill to expand access to Medicare's purchasing power to certain individuals below age 65.

The Medicare Early Access and Tax Credit Act would enable eligible individuals to harness Medicare's clout in the marketplace to get much more affordable health coverage than they are able to purchase in the private sector market that currently exists. And, to make this coverage more affordable, we have attached a 50 percent tax credit to it.

The bill would provide a very vulnerable population (age 55–64) with three new options to obtain health insurance (All numbers referenced below are based on the 2000 version of the bill so they are subject to change in our new legislation).

Individuals 62–65 years old with no access to health insurance could buy into Medicare by paying a base premium (about \$326 a month) during those pre-Medicare eligibility years and a deferred premium during their post-65 Medicare enrollment (about \$4 per month in 2005 for an individual who participated in the full three years of the new program). The deferred premium is designed to reimburse Medicare for the extra costs due to the fact that sicker than average people are likely to enroll in the program. The deferred premium would be payable out of the enrollee's Social Security check between the ages of 65–85.

Individuals 55–62 years old who have been laid off and have no access to health insurance, as well as their spouse, could buy into Medicare by paying a monthly premium (about \$460 a month). There would be no deferred premium. Certain eligibility requirements would apply.

Retirees aged 55 or older whose employer-sponsored coverage is terminated could buy into their employer's health insurance for active workers at 125 percent of the group rate. This would be a COBRA expansion, with no relationship to Medicare.

Again, our new bill, The Medicare Early Access and Tax Credit Act of 2001 supplements our previous versions of this legislation by incorporating a new 50 percent tax credit that would be attached to each of the three programs. Thus, the actual cost to the enrollees would be substantially less than the cost under the proposals in last year's legislation.

Affordability is a key component of expanding health insurance coverage. Adding a tax credit to the programs increases their affordability so that more people age 55 and older can take advantage of the program. Last year's analysis from the Congressional Budget Office and the Joint Committee on Taxation, indicated that more than 500,000 currently uninsured people would gain health insurance coverage by enactment of the Medicare Early Access and Tax Credit Act if the tax credit were 25 percent. Because this legislation increases the tax credit to 50 percent, we can forecast much higher participation rates.

The Medicare Early Access Act and Tax Credit Act isn't the total solution for people age 55–64 who lack access to health insurance coverage. However, if passed, it would make available health insurance options for these individuals at much less than the cost of what is available today. This is a meaningful step forward in expanding health insurance

coverage to a segment of our population that is quickly losing coverage in the private sector. The Medicare Early Access and Tax Credit Act is legislation that we should be able to agree upon and to enact so that people age 55–64 have a new, viable option for health insurance coverage. I look forward to working with my colleagues on both sides of the aisle and in the House and Senate to enact the Medicare Early Access and Tax Credit Act.

A more detailed summary of the legislation follows:

## MEDICARE EARLY ACCESS AND TAX CREDIT ACT

(Please note: all numbers below are based on CBO/Joint Committee on Taxation analysis of the legislation in 2000. We will have updated figures once the new version of the bill is analyzed.)

### TITLE I: HELP FOR PEOPLE AGED 62 TO 65

62–65 year olds without health insurance may buy into Medicare by paying monthly premiums and repaying any extra costs to Medicare through deferred premiums between ages 65 to 85.

Starting July, 2002, the full range of Medicare benefits (Part A & B and Medicare+Choice plans) may be brought by an individual between 62–65 who has earned enough quarters of coverage to be eligible for Medicare at age 65 and who has no health insurance under a public plan or a group plan. (The individual does not need to have exhausted any employer COBRA eligibility).

A person may continue to buy-into Medicare even if they subsequently become eligible for an employer group health plan or public plan. Individuals move into regular Medicare at age 65.

Financing: Enrollees must pay premiums. Premiums are divided into two parts:

(1) Base Premiums of about \$326 a month payable during months of enrollment between 62 and 65, which will be adjusted for inflation and will vary a little by differences in the cost of health care in various geographic regions, and

(2) Deferred Premiums which will be payable between age 65–85, and which are estimated to be about \$4 per month in 2005 for someone that participated for the full three years. The Deferred Premium will be paid like the current Part B premium, i.e., out of one's Social Security check.

Note, the Base Premium will be adjusted from year to year to reflect changing costs (and individuals will be told that number each year before they choose to enroll), but the 20 year Deferred Premium will not change from the dollar figure that the beneficiary is told when they first enroll between 62–65—they will be able to count on a specific dollar deferred payment figure.

The Base Premium equals the premium that would be necessary to cover all costs if all 62–65 year olds enrolled in the program. The Deferred Premium repays Medicare for the fact that not all will enroll, but that many sicker than average people are likely to voluntarily enroll. The Deferred Premiums ensure that the program is eventually full financed over roughly 20 years.

### TITLE II: HELP FOR 55 TO 62 YEAR OLDS WHO LOSE THEIR JOBS

55–62 year olds who are eligible for unemployment insurance (and their uninsured spouses) may buy into Medicare through a premium.

The full range of Medicare benefits may be bought by an individual between 55–62 who: (1) has earned enough quarters of coverage to be eligible for Medicare at age 65; (2) is eligible for unemployment insurance; (3) before lay-off had a year-plus of employment-based